



CONGRESSMAN
JOHN SARBANES
REPRESENTING MARYLAND'S 3RD CONGRESSIONAL DISTRICT



The Sarbanes Standard

November Health Care Update

Dear Friends,

I was proud to vote with a majority in the House of Representatives to pass the **Affordable Health Care for America Act** (H.R. 3962) – a crucial step in our effort to achieve meaningful health care reform. The Senate must now pass a bill and differences between the two measures will need to be reconciled by a conference committee before a final bill can be sent to the President for his signature.

As a member of the Health Subcommittee of the Energy and Commerce Committee, I have been fully engaged in the health care reform debate since the beginning of this year. During that time, many of you have written to me, called my office or emailed through my website. *I have heard from passionate advocates of this legislation, committed opponents, and many who have sincere and often complex questions about the policies being proposed. I respect each of you for becoming involved in this important process. It is clear to me that most Marylanders believe the time for reform has come and that Congress must act.*

Because health care policy is so important, we have been thorough in our deliberation of this bill. Beginning in January, the House committees of jurisdiction held more than 20 hearings. In May, the committees released a public discussion draft for comment and revision. In July, a formal bill was introduced and three committees considered the bill in open markup sessions. My committee conducted a five day markup ending on July 31st when we reported the bill to the full House. Now, we have blended the work of all three committees and passed this measure on the floor of the House. I look forward to working with the Senate to produce a final product that can be sent to the President to become law.

On the merits, I believe we have crafted a good bill. It is a measured approach that will preserve what works in the current system and fix what doesn't. **The Affordable Health Care for America Act will ensure that you are treated fairly in return for the premiums you pay every month.** For example, the bill will prohibit insurance companies from increasing your rates for pre-existing conditions, gender, or occupation. It will cap annual out of pocket expenses and do away with lifetime limits on how much insurance companies will pay to cover. And it will prohibit the arbitrary termination of your policy at the precise moment when you need it the most.

For our seniors, the bill will do away with co-pays or deductibles for key aspects of preventive care. It also includes several provisions to lower the cost of prescription drugs including gradually closing the dreaded "donut hole" in the Medicare Part D prescription drug plan. Overall, the bill strengthens the Medicare program by cracking down on fraud, abuse and waste and reinvesting the savings in enhanced models of care.

For those who do not have health insurance, are looking to change plans, or are worried that they will lose their coverage because of their job, there will be a new framework in place to give you options. **The bill creates a health care exchange where uninsured individuals and small business can choose from multiple private plans and a public option, thereby benefiting from access to the kind of group rates that are now available only to large employers.** This approach will make health insurance more "portable" and give real relief to the millions of Americans who currently have nowhere to turn.

While many of these reforms will be phased in over the next several years, there are a number of key changes that will take effect immediately. Beginning January 1, 2010, H.R. 3962 reduces the Medicare Part D "donut hole" by \$500 and institutes a 50 percent discount on

brand-name drugs for seniors in the donut hole. It also prohibits insurers from nullifying or rescinding a patient's policy in the non-group market when they file a claim for benefits, requires health plans to allow young people through age 26 to remain on their parents' insurance policy, and discourages excessive price increases by insurance companies through review and disclosure of insurance rate increases.

I did want to take a moment to talk about several issues that I worked hard to include in the overall health care reform bill. **I have been particularly focused on ensuring that we have an adequate number of doctors and nurses to support our new health system; bringing a new emphasis to primary and preventive care so that we can catch health problems before patients become very sick and reduce cost; and finding ways to bring health services to the patient through "place-based health care."**

An adequate and properly organized workforce is critical to supporting a high-quality health care delivery system. As a result, it may be surprising to you that there are currently no clear policies or regularly articulated goals guiding federal, state and local investments in the health workforce. In order to make good policy decisions, we need to bring more focus to these issues. That is why I introduced legislation to establish an advisory committee on health workforce policies, which will review health care workforce capacity and projected needs and make recommendations directly to Congress concerning workforce priorities, goals and policies. This idea was included in the health reform bill.

I have also been working on policies that will help to attract more physicians to primary care, an area where shortages are especially concerning. I pushed for provisions in the bill to provide incentives for medical students entering fields of shortage; to establish new teaching health centers to train primary care doctors with a focus on preventive and community based care; and to ensure adequate resources for medical resident positions dedicated to training primary care doctors. The bill will also enhance and target scholarship and loan forgiveness programs to ensure an adequate and properly organized health workforce.

As we reform our health care system, we must also find ways to deliver care more efficiently to the people who need it. I often refer to this as "place-based care," or bringing health care to the patient. We can accomplish this by giving providers incentives to "go where the people are" and aim these efforts at specific communities like children and seniors. This method of delivering care is a paradigm shift that will ensure regular primary and preventive care for patients, keeping them healthier and reducing cost. That is why I worked to include several provisions that will help bring health care to school-based health centers (SBHCs) and senior centers.

I hope this information is useful to you as the Congress continues to make progress on health care legislation. I believe it is possible to make intelligent reforms to our health care system that expand coverage and improve quality of care. I also believe there are many areas where we can reduce cost by eliminating waste and making our system more efficient. The status quo is unsustainable for our economy and I am convinced that long term security will be elusive until we fix our health care system. I look forward to your continued feedback as the process unfolds in the coming weeks and months.

John P. Sarbanes

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